



DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

Public Health Service
INDIAN HEALTH SERVICE

Memorandum

Date JUL 17 1987

From Director
Indian Health Service.

Subject . Indian Health Service AIDS Policy

To Area Directors
Indian Health Service

SGM 87-6

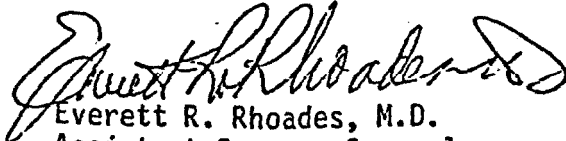
In the past few months, the Indian Health Service (IHS) has worked to respond to a large number of inquiries and requests from many sources regarding HIV infection and its sequelae - AIDS in Native Americans.

As a result of that interest plus a growing concern among public-health professionals about the potential problem in Native Americans we have done several things:

- 1) Convened a group of highly competent. public health professionals to help us develop a policy on (HIV) infections which is appropriate for Native Americans considering our special characteristics of language, culture and isolation.
- 2) Monitored the epidemiology of HIV infection in Native Americans very closely to observe any special characteristics that may become apparent.
- 3) Sought sources of available funding for special AIDS situations in Native Americans such as a program of information exchange, AZT or other available therapies and terminal care.
- 4) Directed you to implement an AIDS action plan - Special General Memorandum 87-6 which should now be well underway.
- 5) Encouraged each Area to undertake whatever other activities are indicated to address special aspects of the problem.

The accompanying Policy on AIDS in Native Americans is to be implemented throughout IHS. It is to be widely distribute to Service Units and Tribal Programs.

In future months as we closely monitor both AIDS in Native Americans and our responses we may be adjusting our policies and activities accordingly.


Everett R. Rhoades, M.D.
Assistant Surgeon General

July 14, 1987

IHS AIDS POLICY

INTRODUCTION

Mortality and morbidity resulting from acquired immunodeficiency syndrome (AIDS) is increasing for Native Americans as it is for the general U.S... population. Age, sex, and risk group characteristics of Native American AIDS cases parallel those of other U.S. AIDS cases. Because behaviors that promote the spread of AIDS exist among Native Americans, a prevention strategy must be developed and implemented.

At the present time, since there is no vaccine or effective treatment for AIDS, prevention strategies must emphasize reduction of those activities which increase the risk of acquiring the human immunodeficiency virus (HIV), the cause of AIDS. The following policy statement presents what) IHS Areas should include in an AIDS prevention program.

INFECTION CONTROL

Policy: At all IHS facilities, proper safety precautions shall be used when coming in contact with body fluids, mucous membranes, or instruments and other paraphernalia potentially, contaminated with body secretions or blood. Such precautions have been described in the Morbidity and Mortality Weekly Report, and these precautions should be included in each Service Unit's policy and procedure manual (see enclosed July 1987 issue of The Primary Care Provider for references).

Comment: In most situations involving patient encounters in a hospital or clinic, it is impossible to know who may or may not be infected with HIV; it is prudent practice to assume that every patient may be infected with HIV. Consistent application of infection control procedures not only reduces the chance for inadvertent exposure to HIV but also reduces the psychological impact of the inappropriate use of gowns, gloves, and masks on HIV seropositive patients for whom we provide care.

EMPLOYEE EDUCATION

Policy: Each IHS Service Unit shall have an ongoing AIDS education program for all employees and especially for those whose work involves direct contact with patients, their blood or other body fluids.

Comment: All employees should be familiar with the epidemiology, modes of transmission, and the precautions necessary to prevent HIV infection. Those employees whose work activities place them at risk for exposure to HIV must have specific training appropriate to their work assignments. It is important that all employees, especially those who come from local Indian communities, be made aware of the basic facts about HIV infection and AIDS in order to prevent unfounded fears.

IHS AIDS POLICY

TESTING FOR ANTIBODIES TO HIV

Policy: The medical evaluation of each patient presenting at an IHS facility shall include an assessment to determine whether HIV antibody testing is indicated for the patient, as is the case with many other diagnostic tests.

IHS patients in the following groups should be offered testing for HIV antibody. When testing is accepted, appropriate pre-and post-test counseling, as well as continuing medical evaluation and/or follow-up must be provided for all patients in these categories.

1. Those who have clinical or laboratory evidence suggestive of HIV infection.
2. Sexually active homosexual or bisexual males, especially those who have had multiple sexual partners.
3. Intravenous drug users.
4. Male or female prostitutes.
5. Persons with hemophilia who have received clotting-factor products.
6. Persons who have received blood transfusions since 1978.
7. Sexual partners of persons in the above groups.
8. Newborn infants of mothers who are known to be infected with HIV or who are members of the above risk groups.
9. Patients with severe or unusual manifestations of tuberculosis.

Other persons to be considered for HIV antibody testing include sexually active males and females--particularly pregnant females-- who have had multiple sexual partners during the past five years. Those who request HIV antibody testing should be evaluated to determine their risk status. In addition, HIV antibody positive patients should be skin tested for tuberculosis, since the patient is at greater risk of activation of tuberculosis from deficiency of cellular immunity.

Comment: All HIV antibody testing will be voluntary. The decision to test will be jointly made by the physician and patient after counseling. No HIV antibody testing should be done without face-to-face pre-and post-test counseling... All personnel involved in testing should be trained in counseling techniques related to the testing process. Because counseling related to HIV infection is sensitive, time-consuming and emotionally demanding, the staff who are likely to be most effective should be assigned this duty.

CONTACT TRACING

Policy: HIV antibody positive patients shall be interviewed to identify persons they may have exposed to HIV infection, either through sexual contact or exposure to blood or other body fluids (e.g. via sharing intravenous drug paraphernalia)

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Comment: All contacts need to be evaluated. Each patient should be given the option of referring his/her contacts to a health care provider for evaluation, counseling, and testing, or having this function performed by IHS personnel or other appropriate entities. This is a specialized activity which should be undertaken only after appropriate training and only when the mechanisms are in place for assuring confidentiality for both patient and contact. The identification, counseling, and offer to test contacts of confirmed HIV antibody positive individuals is a necessary, focused health education and risk reduction activity designed to reach persons who have been exposed to HIV. If this expertise does not exist at the local IHS facility, then referral should be made to an appropriate designated local or state AIDS testing and counseling site. .

COMMUNITY EDUCATION

Policy: IHS staff must take an active role in providing AIDS education to Native Americans.

Comment: As the chief medical provider and sometimes the only medical provider to Native Americans, IHS is a logical source for AIDS information. Because of the many controversies surrounding AIDS, special efforts should be made to educate members of Tribal entities particularly Tribal health boards, on the epidemiology, transmission, and control strategies for AIDS and HIV infection. Also, IHS Areas may wish to enlist traditional healers as resources in educating and providing special health care to the communities. Evaluation of the effect of community education activities is important. Efforts to increase the understanding of AIDS in the general public or in the school systems should include an evaluation component to measure changes in knowledge, attitudes, and, if possible, behaviors associated with AIDS

CONFIDENTIALITY

Policy: Information obtained from counseling, HIV antibody testing, and medical and psychological evaluation and treatment provided either directly by IHS or through its contract health services should be held in strictest confidence.'

Comment: IHS facilities are frequently located in small rural communities and employ persons from the surrounding geographic area, It is virtually impossible to assure total confidentiality under these circumstances. However, it is important to emphasize confidentiality concerning all medical/patient information. Because of some extraordinary implications of information related to AIDS, more than routine procedures may be necessary to protect the confidentiality of patient data. Experience has shown that the fewer the number of persons involved in the transmittal of sensitive information, the less is the likelihood that confidentiality will be breached,